

Husband's Estate Planning Questionnaire

Privileged and Confidential

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Section I. *Contact Information*

Name: _____
Full Name

Home Address: _____

County of Residence: _____ Preferred Email: _____

Home Phone: _____ Cell: _____

Date Established Residence in Texas: _____ US Citizen? _____

Employer: _____ Business Phone: _____

Business Address: _____

Marital Status: _____ Year Married: _____

Do you have a Will? _____ *(if so, please attach a copy)*

Are you the trustee or beneficiary of any trusts? _____

Section II. *Prior Marriages*

If you have not been previously married, please skip ahead to Section III.

To whom: _____ Date Terminated: _____

Residence when terminated: _____
City, State

Children by a prior marriage (see couples packet for children of current marriage):

Name (print full name) Birth Date

Have you adopted your wife's children by prior marriages? _____

Section III. *Fiduciaries*

Last Will and Testament

Executor: _____ **Relationship:** _____

Address: _____

Phone Numbers: Cell _____ Home _____

Second Choice Executor: _____ **Relationship:** _____

Address: _____

Phone Numbers: Cell _____ Home _____

Third Choice Executor: _____ **Relationship:** _____

Address: _____

Phone Numbers: Cell _____ Home _____

Trustee: _____ **Relationship:** _____

Address: _____

Second Choice Trustee: _____ **Relationship:** _____

Address: _____

Third Choice Trustee: _____ **Relationship:** _____

Address: _____

Guardian of Minor Children: _____

Relationship: _____ Phone Number: _____

Address: _____

Second Choice Guardian: _____ Relationship: _____

Address: _____

Third Choice Guardian: _____ Relationship: _____

Address: _____

Statutory Durable Power of Attorney

Gives the named person broad power and authority to deal with your property.

First Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Second Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Third Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Medical Power of Attorney and Directive to Physicians

Person named has the authority to make health care decisions for you if you are incapacitated and unable to make the decisions for yourself.

First Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Second Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Third Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Declaration of Guardian

Gives the named person authority to manage your assets and be in charge of your personal well-being should you ever need a court appointed guardian.

First Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Second Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Third Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Section IV. *Prior Taxable Transfers*

List all gifts made by you during your lifetime in excess of the annual gift tax exclusion.

(See Next Page)

Party to whom gift was made

Date

Value at time of transfer

Section V. *Disposition of Property*

Specific Bequests

Special gifts you desire to make in your will:

Name of Person

Relationship

Property to be Given

Residuary Estate

Who do you want to inherit the remaining balance of your estate in each of the following situations:

- (a) If your spouse and children survive you.
- (b) If your children survive you, but your spouse does not survive you.
- (c) If neither your spouse nor children survive you.
- (d) If your spouse survives you, but children do not.

(e) Favorite charity

Remarks: Use the back of sheet of paper if necessary. We will be discussing the above ideas at our meeting, please be ready to discuss how your assets should pass in each of the above situations.